

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation
Against:**

OLLIE JOSEPH JACKSON, M.D.

Case No. 800-2015-018052

**Physician's and Surgeon's
Certificate No. A103543**

Respondent

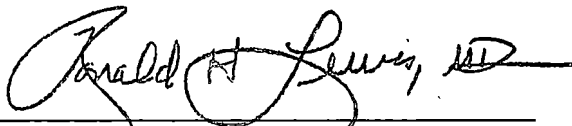
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on June 19, 2019.

IT IS SO ORDERED: May 20, 2019.

MEDICAL BOARD OF CALIFORNIA



**Ronald H. Lewis, M.D., Chair
Panel A**

1 XAVIER BECERRA
Attorney General of California
2 JANE ZACK SIMON
Supervising Deputy Attorney General
3 REBECCA D. WAGNER
Deputy Attorney General
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8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12
13 In the Matter of the Accusation Against:

14 **OLLIE JOSEPH JACKSON, M.D.**
15 **1945 Palo Verde Avenue, Suite 209**
Long Beach, CA 90815

16 **Physician's and Surgeon's Certificate No. A**
17 **103543**

18 Respondent.

Case No. 800-2015-018052

OAH No. 2018080646

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

19
20 **IT IS HEREBY STIPULATED AND AGREED** by and between the parties to the above-
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
24 of California (Board). She brought this action solely in her official capacity and is represented in
25 this matter by Xavier Becerra, Attorney General of the State of California, by Rebecca D.
26 Wagner, Deputy Attorney General.

2. Respondent Ollie Joseph Jackson, M.D. (Respondent) is represented in this proceeding by attorney Nicholas J. Leonard, whose address is: 2150 River Plaza Drive, Suite 250, Sacramento, CA 95833.

3. On or about April 23, 2008, the Board issued Physician's and Surgeon's Certificate No. A 103543 to Ollie Joseph Jackson, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2015-018052, and will expire on September 30, 2019, unless renewed.

JURISDICTION

4. Accusation No. 800-2015-018052 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on June 15, 2018. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2015-018052 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2015-018052. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

1 CULPABILITY

2 9. Respondent does not contest that, at an administrative hearing, Complainant could
3 establish a *prima facie* case with respect to the charges and allegations contained in Accusation
4 No. 800-2015-018052 and that he has thereby subjected his license to disciplinary action.

5 Respondent agrees that if he ever petitions for early termination or modification of
6 probation, or if the Board ever petitions for revocation of probation, all of the charges and
7 allegations contained in Accusation No. 800-2015-018052 shall be deemed true, correct and fully
8 admitted by Respondent for purposes of that proceeding or any other licensing proceeding
9 involving Respondent in the State of California.

10 10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
11 discipline and he agrees to be bound by the Board's probationary terms as set forth in the
12 Disciplinary Order below.

13 CONTINGENCY

14 11. This stipulation shall be subject to approval by the Medical Board of California.
15 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
16 Board of California may communicate directly with the Board regarding this stipulation and
17 settlement, without notice to or participation by Respondent or his counsel. By signing the
18 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
19 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
20 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
21 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
22 action between the parties, and the Board shall not be disqualified from further action by having
23 considered this matter.

24 12. The parties understand and agree that Portable Document Format (PDF) and facsimile
25 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
26 signatures thereto, shall have the same force and effect as the originals.
27
28

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 103543 issued to Respondent Ollie Joseph Jackson, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty-five (35) months on the following terms and conditions. Respondent may not petition the Board for reinstatement or modification of penalty, including modification or termination of probation, for at least one year after the effective date of the stipulated order.

1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. **MEDICAL RECORD KEEPING COURSE.** Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the

Continuing Medical Education (CME) requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

3. **CLINICAL COMPETENCE ASSESSMENT PROGRAM.** Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation for a minimum of three (3) and no more than five (5) days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Respondent has demonstrated the ability to practice safely and independently. Based on Respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the

1 scope and length of any additional educational or clinical training, evaluation or treatment for any
2 medical condition or psychological condition, or anything else affecting Respondent's practice of
3 medicine. Respondent shall comply with the program's recommendations.

4 Determination as to whether Respondent successfully completed the clinical competence
5 assessment program is solely within the program's jurisdiction.

6 If Respondent fails to enroll, participate in, or successfully complete the clinical
7 competence assessment program within the designated time period, Respondent shall receive a
8 notification from the Board or its designee to cease the practice of medicine within three (3)
9 calendar days after being so notified. The Respondent shall not resume the practice of medicine
10 until enrollment or participation in the outstanding portions of the clinical competence assessment
11 program have been completed. If the Respondent did not successfully complete the clinical
12 competence assessment program, the Respondent shall not resume the practice of medicine until a
13 final decision has been rendered on the accusation and/or a petition to revoke probation. The
14 cessation of practice shall not apply to the reduction of the probationary time period.

15 4. **MONITORING - PRACTICE.** Within 30 calendar days of the effective date of this
16 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
17 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose
18 licenses are valid and in good standing, and who are preferably American Board of Medical
19 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
20 relationship with Respondent, or other relationship that could reasonably be expected to
21 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
22 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
23 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

24 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
25 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
26 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
27 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
28 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees

1 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
2 signed statement for approval by the Board or its designee.

3 Within 60 calendar days of the effective date of this Decision, and continuing until the
4 Board or its designee has been notified by the program that Respondent has successfully
5 completed the Clinical Competence Assessment Program, including implementation of any
6 recommendations made by the Clinical Competence Assessment Program, Respondent's practice
7 shall be monitored by the approved monitor. Respondent shall make all records available for
8 immediate inspection and copying on the premises by the monitor at all times during business
9 hours and shall retain the records for the entire term of probation.

10 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
11 date of this Decision, Respondent shall receive a notification from the Board or its designee to
12 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
13 shall cease the practice of medicine until a monitor is approved to provide monitoring
14 responsibility.

15 The monitor(s) shall submit a quarterly written report to the Board or its designee which
16 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
17 are within the standards of practice of medicine, and whether Respondent is practicing medicine
18 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
19 that the monitor submits the quarterly written reports to the Board or its designee within 10
20 calendar days after the end of the preceding quarter. The monitor shall continue to submit
21 quarterly written reports until notified by the Board or its designee that no further reports are
22 required.

23 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
24 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
25 name and qualifications of a replacement monitor who will be assuming that responsibility within
26 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
27 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
28 notification from the Board or its designee to cease the practice of medicine within three (3)

1 calendar days after being so notified. Respondent shall cease the practice of medicine until a
2 replacement monitor is approved and assumes monitoring responsibility.

3 5. **NOTIFICATION.** Within seven (7) days of the effective date of this Decision, the
4 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
5 Chief Executive Officer at every hospital where privileges or membership are extended to
6 Respondent, at any other facility where Respondent engages in the practice of medicine,
7 including all physician and locum tenens registries or other similar agencies, and to the Chief
8 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
9 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
10 calendar days.

11 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

12 6. **SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED**
13 **PRACTICE NURSES.** During probation unless modified by the Board, Respondent is
14 prohibited from supervising physician assistants and advanced practice nurses.

15 7. **OBEY ALL LAWS.** Respondent shall obey all federal, state and local laws, all rules
16 governing the practice of medicine in California and remain in full compliance with any court
17 ordered criminal probation, payments, and other orders.

18 8. **QUARTERLY DECLARATIONS.** Respondent shall submit quarterly declarations
19 under penalty of perjury on forms provided by the Board, stating whether there has been
20 compliance with all the conditions of probation.

21 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
22 of the preceding quarter.

23 9. **GENERAL PROBATION REQUIREMENTS.**

24 **Compliance with Probation Unit**

25 Respondent shall comply with the Board's probation unit.

26 **Address Changes**

27 Respondent shall, at all times, keep the Board informed of Respondent's business and
28 residence addresses, email address (if available), and telephone number. Changes of such

addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Respondent should leave the State of California to reside or to practice, Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

10. **INTERVIEW WITH THE BOARD OR ITS DESIGNEE.** Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

11. **NON-PRACTICE WHILE ON PROBATION.** Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training

1 program which has been approved by the Board or its designee shall not be considered non-
2 practice and does not relieve Respondent from complying with all the terms and conditions of
3 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
4 on probation with the medical licensing authority of that state or jurisdiction shall not be
5 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
6 period of non-practice.

7 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
8 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
9 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
10 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
11 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

12 Respondent's period of non-practice while on probation shall not exceed two (2) years.

13 Periods of non-practice will not apply to the reduction of the probationary term.

14 Periods of non-practice for a Respondent residing outside of California will relieve
15 Respondent of the responsibility to comply with the probationary terms and conditions with the
16 exception of this condition and the following terms and conditions of probation: Obey All Laws;
17 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
18 Controlled Substances; and Biological Fluid Testing.

19 12. **COMPLETION OF PROBATION.** Respondent shall comply with all financial
20 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
21 completion of probation. Upon successful completion of probation, Respondent's certificate shall
22 be fully restored.

23 13. **VIOLATION OF PROBATION.** Failure to fully comply with any term or
24 condition of probation is a violation of probation. If Respondent violates probation in any
25 respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke
26 probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to
27 Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation,
28 the Board shall have continuing jurisdiction until the matter is final, and the period of probation

1 shall be extended until the matter is final.

2 14. LICENSE SURRENDER. Following the effective date of this Decision, if
3 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
4 the terms and conditions of probation, Respondent may request to surrender his or her license.
5 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
6 determining whether or not to grant the request, or to take any other action deemed appropriate
7 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
8 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
9 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
10 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
11 application shall be treated as a petition for reinstatement of a revoked certificate.

12 15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
13 with probation monitoring each and every year of probation, as designated by the Board, which
14 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
15 California and delivered to the Board or its designee no later than January 31 of each calendar
16 year.

17 ACCEPTANCE

18 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
19 discussed it with my attorney, Nicholas J. Leonard. I understand the stipulation and the effect it
20 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
21 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
22 Decision and Order of the Medical Board of California.


23
24 DATED: 4/5/19


25 OLLIE JOSEPH JACKSON, M.D.
Respondent

26 I have read and fully discussed with Respondent Ollie Joseph Jackson, M.D. the terms and
27 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
28 I approve its form and content.

1 DATED:

4/5/19


NICHOLAS J. LEONARD
Attorney for Respondent

2
3
4 ENDORSEMENT

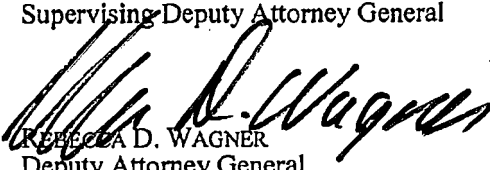
5 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
6 submitted for consideration by the Medical Board of California.

7 Dated:

4-5-2019

Respectfully submitted,

8
9 XAVIER BECERRA
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General

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11
12 
13 REBECCA D. WAGNER
Deputy Attorney General
Attorneys for Complainant

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17 SA2018301400.
18 Jackson.olie.stipulated.settlement
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Exhibit A

Accusation No. 800-2015-018052

1 XAVIER BECERRA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
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8 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO June 15 20 18
BY W. J. G. ANALYST

10 BEFORE THE
11 MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
12 STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

Case No. 800-2015-018052

14 **Ollie Joseph Jackson, M.D.**
15 P.O. Box 16339
Encino, CA 91416

A C C U S A T I O N

16 Physician's and Surgeon's Certificate No. A 103543,
17 Respondent.

19 Complainant alleges:

20 **PARTIES**

21 1. Kimberly Kirchmeyer ("Complainant") brings this Accusation solely in her official
22 capacity as the Executive Director of the Medical Board of California, Department of Consumer
23 Affairs ("Board").

24 2. On or about April 23, 2008, the Medical Board issued Physician's and Surgeon's
25 Certificate Number A 103543 to Ollie Joseph Jackson, M.D. ("Respondent"). That Certificate
26 was in full force and effect at all times relevant to the charges brought herein and will expire on
27 September 30, 2019, unless renewed.

28 ///

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code ("Code") unless otherwise indicated.

4. Section 2227 of the Code provides in pertinent part, that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code states, in pertinent part:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"..."

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1 6. Section 2266 of the Code states:

2 “The failure of a physician and surgeon to maintain adequate and accurate records relating
3 to the provision of services to their patients constitutes unprofessional conduct.”

4 **FIRST CAUSE FOR DISCIPLINE**

5 **(Gross Negligence)**

6 7. Respondent’s license is subject to disciplinary action under section 2234, subdivision
7 (b), of the Code in that he committed gross negligence during his care and treatment of Patient A.
8 The circumstances are as follows:

9 8. On or about October 1, 2015, Patient A, a female patient, approached Sono Bello, a
10 cosmetic surgery group that operates ambulatory surgery centers, to discuss elective liposuction.
11 Respondent worked as an independent contractor for Sono Bello and provided his services as a
12 plastic surgeon at Sono Bello’s Sacramento location. Following consultation with a Sono Bello’s
13 sales representative, Patient A elected to proceed with plastic surgery and have liposuction
14 performed. Patient A understood that she would need four areas of fat removed from her body
15 and that she would initially have the first two areas removed from her abdomen.

16 9. Patient A’s initial demographic information was documented by a Sono Bello sales
17 employee. Patient A was documented to be 5’7”, weigh 240 pounds, be fifty-two years’ old, and
18 have a BMI of 38. Patient A was documented to be a social smoker, that walking was how she
19 exercised, that her area of concern was her mid-section, that the patient wanted to “look
20 better/feel better,” and, that Patient A wanted to “be healthier.” Patient A signed a document
21 titled “Recovery and Comfort Disclosure” on October 1, 2015.

22 10. Patient A provided a personal medical history where she indicated she suffered from
23 asthma, had sleep apnea as indicated by excessive snoring, had surgery two years earlier to repair
24 a hernia, suffered from fibromyalgia, had headaches, had depression, and had a past history of
25 kidney infections. Patient A documented that she used tobacco and alcohol. Patient A also
26 indicated that she took two medications for her asthma. Finally, Patient A self-reported that she
27 had a family history of cancer, cardiac and respiratory problems. Respondent signed that he
28 reviewed the medical history with Patient A on October 1, 2015, at 3:00 p.m.

1 11. On or about October 1, 2015, Respondent documented that he performed a physical
2 examination. Respondent documented that Patient A had asthma but that the patient denies a
3 history of obstructive sleep apnea. Respondent documented that Patient A suffered from
4 depression and fibromyalgia. Respondent noted that Patient A weighed 238 pounds and had a
5 BMI of 38, indicating that she was obese. Respondent documented that she had a surgical scar
6 present related to her previous hernia repair. Respondent documented that he staged Patient A for
7 her abdomen, hips and waist. Respondent documented that he approved Patient A for surgery at
8 3:00 p.m. on October 1, 2015. On the second page of the physical examination, Respondent
9 documented a Total Risk Factor of Two (2) as part of the Thrombosis Risk Screening tool. He
10 documented signing that document at 3:30 p.m. There was no documentation on the Thrombosis
11 Risk Screening tool that indicated that this was major surgery and the patient was actually grossly
12 obese.

13 12. On October 1, 2015, Patient A signed a three-page form titled "Laser Assisted
14 Liposuction Instructions". On October 2, 2015, Patient A signed a four-page document titled
15 "Laser Assisted Liposuction Consent." Respondent had previously signed that consent document
16 on October 1, 2015, at 3:00 p.m. Finally, on October 1, 2015, Patient A signed a two-page
17 document titled "High BMI Consent Addendum" and Respondent signed that document on
18 October 1, 2015, at 3:00 p.m.

19 13. On October 1, 2015, at 3:00 p.m. Respondent signed a document titled "Non-
20 Invasive Body Contouring, Physician Review and Approval." Respondent documented that there
21 were "no concerns" regarding Patient A's medical history review, "no contraindications"
22 regarding Patient A's focused physical examination, and that he "granted approval" for non-
23 invasive body contouring treatments. There were no other medical clearances, including
24 laboratory testing or consultation with other physicians, obtained before Patient A was scheduled
25 for surgery on October 2, 2015. Patient A's medical records from other medical practitioners
26 were not obtained as part of the medical clearance process.

27 14. On October 2, 2015, at 1:21 p.m. Patient A arrived at Pre-Op at Sono Bello. Vitals
28 were taken. At 2:45 p.m., Patient A arrived in the procedure room. At 2:53 p.m. Respondent

1 began introducing tumescent anesthesia fluid into Patient A's abdomen. At 3:10 p.m.,
2 Respondent used the laser for approximately three minutes at 10 joules of energy on the patient's
3 abdomen. At 3:23 p.m., Respondent began aspiration of the fluid introduced into Patient A's
4 abdomen. At 4:12 p.m. Respondent completed the procedure. Respondent placed bandages and
5 sent Patient A to the post-operative area. A compression binding was placed around Patient A's
6 abdomen. Respondent documented that he introduced 5650 ml. of tumescent fluid into Patient
7 A's abdomen and aspirated out 5050 ml. of fluid. There is no documentation on this form
8 indicating the concentration of the tumescent fluid. Respondent documented that he removed
9 2050 ml of fat. Respondent's entire surgical narrative that was documented on Patient A stated
10 that she "tolerated procedure well," and "no change of post-op plans." Patient A was discharged
11 to her family member at 4:27 p.m. after being observed by a nurse for 15 minutes.

12 15. Respondent filled out a document titled "Tumescent Anesthesia." On that document
13 he set forth the amount of tumescent infused fluid that he used for the procedure in order to
14 ensure that he was not potentially causing lidocaine toxicity. On this document, Respondent
15 initially put 5650 ml. of tumescent fluid as being inserted into the patient but then crossed out that
16 entry, wrote the word "error" and replaced it with an entry of 4400 ml of 1 mg./ml. concentration
17 and 1700 ml. of .5 mg/ml. concentration fluid. Respondent signed the form on October 2, 2015.

18 16. Patient A's family member took her to Wendy's for dinner following the procedure.
19 Patient A's family member then took Patient A home and according to the family member, Patient
20 A was in bed by 9:00 p.m. on October 2, 2015. Patient A's family member lived directly across
21 the street and went home. At 11:00 p.m., Patient A called her family member in pain and he came
22 back to her residence to check on her. Patient A's family member saw that the incision was
23 weeping and a little bloody. He changed the bandages and put the compression binding back on
24 Patient A. The family member left Patient A's residence at 11:30 p.m. and returned home. At
25 5:00 a.m., on October 3, 2015, Patient A's family member went back to check on Patient A.
26 Patient A's family member observed that Patient A was snoring and he saw her breathing. Patient
27 A's family member let her sleep. At 8:00 a.m., on October 3, 2015, Patient A's family member
28 returned to Patient A's residence. Patient A's family member found her non-responsive and

1 called 911. Paramedics arrived and attempted lifesaving measures but Patient A was not able to
2 be revived. An autopsy completed on October 3, 2015, at 1:00 p.m. indicated that the primary
3 cause of death was a cardiac arrhythmia and secondary cause of death was hypertensive heart
4 disease. Morbid obesity was listed as an "other" cause.

5 17. Respondent committed gross negligence in his pre-operative care and treatment of
6 Patient A by providing improper medical clearance before surgery by failing to obtain laboratory
7 studies or outside consultation despite the patient being 52 years old, grossly obese, having a
8 history of snoring, being an occasional smoker, and, being an asthmatic on medication.

9 18. Respondent committed gross negligence in his pre-operative care and treatment of
10 Patient A by failing to adequately assess her risk of a thrombotic event by classifying the
11 procedure as a minor surgery rather than a major surgery and by classifying her as merely
12 overweight when in fact she was grossly obese.

13 19. Respondent committed gross negligence in consenting Patient A, a grossly obese
14 patient, for elective liposuction by conducting a high-risk procedure on a high-risk patient that
15 was unlikely to see positive results due to gross obesity.

16 20. Respondent committed gross negligence in consenting Patient A, by having the
17 patient sign a "high BMI - high risk" consent form that specifically set forth that individuals with
18 a high BMI have higher complication rates for an entirely elective procedure in an effort to waive
19 his own ethical responsibility to the patient so that he could clear her for surgery.

20 21. Respondent committed gross negligence in his post-operative care and treatment of
21 Patient A by failing to provide post-operative care consistent with recent major surgery on a
22 patient with a history of gross obesity, asthma, and history of snoring.

23 22. Respondent committed gross negligence in his post-operative care and treatment of
24 Patient A by only providing fifteen (15) minutes of post-operative observation and care in a
25 surgical patient with a history of gross obesity, asthma, and history of snoring before discharging
26 the patient.

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